

**S.M. Stoller Corporation**

2597 B ¾ Road, Grand Junction, CO 81503 • (970) 248-6000

**Health and Safety Work Sheet****Failure to provide information, attachments, or explanations can delay or prevent contract award.**

<b>Subcontractor Company Name</b>					
<b>Solicitation Number, if Applicable</b>					
<b>Workers Compensation Experience Modification Rate (EMR)</b>					
Attach letter from insurance carrier denoting EMRs for last 3 complete years or stating reason why an EMR has not yet been established.					
EMR _____ _____	EMR _____ _____	EMR _____ _____	3-year average _____		
<b>Bureau of Labor Statistics Log and Summary of Occupational Injuries and Illnesses</b>					
Attach copies of OSHA Forms 300 and 300A for last 3 complete years. State reason if OSHA Forms 300 and 300A are not required. Calculate incidence rates as follow: (Number of OSHA Recordable Cases or Day Away From Work Cases x 200,000)/Hours Worked.					
Year	Total Hours Worked	Number of Recordable Cases (sum of OSHA Form 300)	Incidence Rate	Number of Day Away From Work Cases (sum of OSHA Form 300)	Incidence Rate
<b>Total</b>					
<b>OSHA Citations</b>					
Has subcontractor received any citations from the Occupational Safety and Health Administration (OSHA) in the past 3 years?		<input type="checkbox"/> Yes If yes, attach a copy of each citation received and indicate the type of citation, fines levied, and negotiated settlements or fines paid.		<input type="checkbox"/> No	
<b>Written Safety and Health Program</b>					
Does your company have a comprehensive written safety and health program? Does it include specific programs for Respiratory Protection, Confined Space Entry, Medical Surveillance, etc.?		<input type="checkbox"/> Yes If yes, attach a copy of the program manual's table of contents.		<input type="checkbox"/> No	
<b>Certifications</b>					
I certify to the best of my knowledge that the above information is true and correct.					
Printed name			Title		
Signature				Date	